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VALUES AND ATTITUDES OF VOCATIONAL REHABILITATION PERSONNEL TOWARD THE REHABILITATION COUNSELOR'S JOB.

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THE SELECTION OF ANY INDEX AS A STANDARD OF EFFECTIVE COUNSELOR PERFORMANCE INVOLVES A JUDGMENT ABOUT WHAT A GOOD COUNSELOR DOES. HOWEVER, INDIVIDUALS OR GROUPS WHO USE DIFFERENT PREMISES TO DECIDE WHAT IS RELEVANT TO SUCCESS MAKE IT DIFFICULT TO DETERMINE WHETHER SPECIFIC PROCEDURES OR PRACTICES ARE ASSOCIATED WITH DESIRABLE COUNSELOR BEHAVIOR. FOR THIS REASON, A COMPARISON OF PERCEPTIONS HELD BY SELECTED REHABILITATION GROUPS (COUNSELORS, DISTRICT SUPERVISORS, AND ADMINISTRATORS) TOWARD COUNSELING BEHAVIOR WAS CONDUCTED USING A SPECIALLY DESIGNED INVENTORY, THE CRITICAL BEHAVIOR SCALES INVENTORY. AS EXPECTED, REHABILITATION COUNSELOR EDUCATORS WERE MOST DIFFERENT FROM STATE AGENCY REHABILITATION PERSONNEL. STATE AGENCY PERSONNEL APPEARED TO VALUE ACTIVE COUNSELOR BEHAVIOR MORE THAN EDUCATORS. HOWEVER, THE PREDICTED SIMILARITY BETWEEN EDUCATORS AND TRAINED COUNSELORS IN STATE AGENCIES AND OTHER SETTINGS DID NOT MATERIALIZE. DIFFERENCES BETWEEN GROUPS ARE DISCUSSED WITH RESPECT TO POSSIBLE ENVIRONMENTAL AND GROUP INFLUENCES. SOME IMPLICATIONS FOR COMMUNICATION BETWEEN GROUPS AND TRAINING PROGRAMS FOR REHABILITATION COUNSELORS ARE ALSO PRESENTED. THIS DOCUMENT WAS PUBLISHED IN "THE CRITERIA PROBLEM IN REHABILITATION COUNSELING" AS CHAPTER V (PP. 35-41), APPENDIX E (PP. 83-95), AND REFERENCES (PP. 123-129). (PS)

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THE CRITERIA PROBLEM IN REHABILITATION COUNSELING

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CHAPTER V

VALUES AND ATTITUDES OF VOCATIONAL REHABILITATION PERSONNEL TOWARD THE REHABILITATION COUNSELOR'S JOB

Since the performance criteria selected for any job must, in the last analysis, reflect certain basic values and assumptions about the purposes of that job and the organization of which it is a part, we deemed it desirable to examine this topic systematically. In its general form, the question we posed was: "Do the different groups concerned with the evaluation of rehabilitation counselor performance have similar or differing points of view regarding the nature of effective counselor performance?" This question is significant because the selection of any index as a standard of performance involves either an explicit or implicit judgment about what a good counselor - or any employee for that matter - does. If individuals or groups use different premises to decide what is relevant to success, it clearly makes it difficult to determine through research whether specific procedures or practices are associated with desirable behavior. Some understanding of any existing differences would, hopefully, lead to an examination of these differences, adjustment or reconciliation of them, or at least to a recognition of them as a possible source of misunderstanding.

There have been no studies directly comparing the points of view toward counselor behavior held by the different groups involved in rehabilitation. Even studies in the related area of rehabilitation counselor roles and functions are sparse. Smith (1960) and Johnson (1961) did find significant differences between counselors, counseling students, and clients in rehabilitation in regard to their views of the rehabilitation counselor's proper role. Grant's (1954) study of school counselors, which compared the expectations held by students, principals, teachers, and counselors of the roles of the counselor, also revealed significant differences. These studies suggest that we might expect differences to exist between rehabilitation counselors and their supervisors and administrators. From the papers of Patterson (1957) and McGowan (1957), we would also expect rehabilitation counselors to hold a somewhat different view of what a good counselor should do than the leadership and staff of state agencies. It was the purpose of this study to discover whether differences do exist among these groups.

Method

The first attempts to assess "point of view" proved abortive. Structured interviews with tape recordings and preliminary questionnaires yielded essentially stereotyped responses; that is, respondents were answering in socially desirable ways which, in this case, tended to follow the textbook pattern. As a result of this experience, an inventory was made which required the respondents to react to specific counselor acts. This Critical Behavior Scales Inventory (CBS) (Appendix E) used 18 vignettes describing specific counselor behavior. Each vignette was responded to on six bi-polar semantic differential type scales, selected on the basis of previous research by Osgood et al (1957). Two scales for each vignette were relatively evaluative in character; two were relatively activity oriented; and two were of a relative potency nature. The vignettes of specific counselor behavior used in the CBS inventory were selected from the critical incidents previously submitted to Jaques (1959) by practicing DVR counselors. This sample of 18 vignettes was distributed over all subroles developed in the Jaques study (e.g., Creating a therapeutic climate, Arranging, Information gathering, etc.). To preserve their verisimilitude, critical incidents were only rewritten to use - as much as possible - "neutral" language and to focus judgment on a single act in a specific context. For example:

> The counselor, after working with a client for ten interviews, felt the situation had developed to a point where something quite directive should be tried. The client, who lived with his parents, was a 20 year old man afflicted with polio and in a wheelchair. The client was interested in "everything" but could not be pinned down to "anything." The counselor stated he felt the client should try such and such a job, and told the client why this was his opinion. The counselor then asked the client if he could think of anything better at this point, and the client said, "No, this sounds fine."
>
> <u>The counselor's action here, in advising the client toward a more specific goal, was</u>:
>
> | | | | |
> |---|---|---|---|
> | Untimely | ___:___:___:___:___:___:___ | Timely | (Evaluative) |
> | Strong | ___:___:___:___:___:___:___ | Weak | (Potency) |
> | Successful | ___:___:___:___:___:___:___ | Unsuccessful | (Activity) |
> | Beneficial | ___:___:___:___:___:___:___ | Harmful | (Evaluative) |
> | Lax | ___:___:___:___:___:___:___ | Domineering | (Potency) |
> | Passive | ___:___:___:___:___:___:___ | Active | (Activity) |

As presented to the respondents, the CBS vignettes did not have the factor labels after each scale. In order to minimize any order effect, the scales were randomly alternated on different vignettes and the sequence of the pages was varied within the booklets.

In pretesting the inventory, it was found that it usually took about 45 minutes to complete. However, since it was somewhat unusual, and presented authentic problems, most respondents found it interesting and less than five per cent of all returned inventories were unusuable. The 573 respondents submitting inventories came from the following groups:

Respondents from state vocational rehabilitation general agencies (DVR)

Counselors	309
District supervisors	52
Administrators or state-level personnel	54

Other respondents

Counselors in agencies for the blind	59
Counselors in Jewish Vocational Services (JVS)	44
Counselors in Veterans Administration settings (VA)	10
Rehabilitation counselor educators or staff (RCE)	45

A return of at least 75 per cent was obtained in all categories from those states which agreed to cooperate. To secure a representative sample of counselors and supervisors in state agencies, responses were solicited from one large and one small district office in each state. The volunteer effect was minimized by securing ballots from all counselors in the offices cooperating. For other groups, VA and JVS counselors and RCE's, a high proportion (75 to 95 per cent) of the population solicited responded.

The DVR counselors participating in this study were field counselors with regular caseloads in the state-federal vocational rehabilitation program. In the district supervisor group, we included all those DVR staff who had direct supervisory responsibility for the field operations at the local level. State office staff included state directors or, if he preferred, state supervisors or assistant directors for program services. Within the other respondent groups, no effort was made to secure responses from administrative staff. The VA counselors included both hospital and regional office VCTA counseling psychology staff. This group had a higher proportion of post-M.A. and Ph.D. trained individuals than any other. The educator group included both program directors and other faculty who spent more than half-time specifically in the rehabilitation counselor education program.

With procedures developed by Osgood (1957), a reliability check indicated that six months after first completing the CBS inventory, a sample of 66 respondents, each completing half of the inventory again, had the following differences in their judgments.

TABLE 13

TEST-RETEST CHANGES IN JUDGMENTS EXPRESSED IN CBS INVENTORY AFTER SIX MONTHS (N=66)

Scale Unit Change of:		%'s of all Evaluative Scale Responses	%'s of all Activity Scale Responses	%'s of all Potency Scale Responses
Zero	(0)	33	39	39
One	(1)	37	35	34
Two	(2)	17	15	15
Three	(3)	7	7	7
Four	(4)	4	3	3
Five	(5)	1	1	1
Six	(6)	1	0	1
Seven	(7)	0	0	0

NOTE: There were 1,188 responses in each category, since each respondent contributed 18 responses toward each kind of scale.

It was concluded from this reliability check that the CBS inventory was reliable enough to use in this research, particularly since the analysis used mean scores of groups. Since this was primarily a study of various group perceptions of what might be "good" or desirable counselor behavior, the evaluative scales were of most interest. Judgments of vignettes concerning activity or potency were deemed important only as they shed light on evaluative judgments. In line with this, the following predictions were formulated prior to any data analysis.

1. In evaluative judgments expressed in the CBS inventory, JVS and VA counselors would be more like rehabilitation counselor educators (RCE's) than DVR personnel.

2. In evaluative judgments expressed in the CBS inventory, Trained[1] DVR counselors would be more like RCE's than Somewhat Trained or Untrained DVR counselors.

3. RCE's, as well as JVS, VA and Trained DVR counselors, would not see "good" behavior as "active" behavior to the extent that DVR supervisors, administrators, counselors for the blind, Somewhat Trained and Untrained DVR counselors would; i.e. judgments of how "active" a behavior was would not be correlated with judgments of that behavior's "goodness" for the former groups, but would, to a greater degree, be correlated among the latter groups.

Results

Table 14 presents information regarding the first two predictions. From Section A, Table 14, we find that DVR personnel are quite similar to one another but not to RCE's in their evaluative judgments on CBS vignettes. From Section B, we note that Trained DVR counselors, Somewhat Trained and Untrained DVR counselors are quite similar to each other - but not to RCE's. Finally, in Section C, the RCE's evaluative judgments were not similar to either counselors for the blind, DVR counselors or counselors in their evaluative judgments.

Similarity can also be assessed to some extent by noting how many scales in the different profiles of group evaluative means are significantly different. Groups between which relatively more significant differences exist would also be those with less similarity. Table 15 provides this information. The various sections of Table 15 would appear to offer additional support for comments made about group similarities on the basis of Table 14.

Information on the third prediction (the relationship of "activity" to "goodness" in group perceptions) was developed by correlating evaluative scale means with activity scale means <u>within</u> groups. Table 16 presents such correlations.

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[1] <u>Trained</u>: (1) Doctorate in counseling and guidance, education, psychology or (2) a Master's degree in rehabilitation counseling, counseling and guidance, psychology or social work. <u>Somewhat Trained</u>: Master's degree in sociology, anthropology, education, school administration, personnel. <u>Untrained</u>: (1) no degree, (2) a B.A., (3) a Master's degree in commerce, the humanities, etc.

TABLE 14

CORRELATIONS OF EVALUATIVE SCALE MEAN SCORES[a] BETWEEN GROUPS

A	B	C
1. DVR Counselors (N=309)	1. Trained DVR Counselors (N=70)	1. DVR Counselors (N=309)
2. DVR Supervisors (N=52)	2. Somewhat Trained DVR Counselors (N=68)	2. Blind Counselors (N=59)
3. DVR Administrators (N=54)	3. Untrained DVR Counselors (N=171)	3. JVS & VA Counselors (N=54)
4. RCE's (N=45)	4. RCE's (N=45)	4. RCE's (N=45)

	A (2)	A (3)	A (4)	B (2)	B (3)	B (4)	C (2)	C (3)	C (4)
(1)	96	95	16	89	93	23*	95	91	16*
(2)		97	12		98	16		95	22
(3)			14			13			26

[a]In line with Osgood's (1957) recommendation, Pearson r's were not used due to their insensitivity to "level" differences. These correlations are intra-class correlations which are sensitive to level differences. Decimals have been omitted in the table.

*Coefficients in column four are significantly lower (.05 level) than coefficients in other columns.

TABLE 15

SIGNIFICANT DIFFERENCES[a] BETWEEN GROUP MEANS ON EVALUATIVE SCALES

A	B	C
1. DVR Counselors	1. Trained DVR Counselors	1. DVR Counselors
2. DVR Supervisors	2. Somewhat Trained DVR Counselors	2. Blind Counselors
3. DVR Administrators	3. Untrained DVR Counselors	3. JVS & VA Counselors
4. RCE's	4. RCE's	4. RCE's

Number of Differences				Number of Differences			Number of Differences		
	(2)	(3)	(4)	(2)	(3)	(4)	(2)	(3)	(4)
(1)	6	11	15	9	9	9	10	12	15
(2)		0	13		0	16		1	13
(3)			12			17			10

[a]Prior to making any t tests, a Type I Analysis of Variance was performed to give some assurance that any differences would not be due solely to having so many t tests. These analyses were all significant (.05 level) before the t tests were done.

TABLE 16

CORRELATIONS BETWEEN MEAN EVALUATIVE[a] AND ACTIVITY SCALE SCORES WITHIN GROUPS

Group	Correlation
DVR Counselor	81*
DVR Supervisor	78
DVR Administrator	78
Blind Counselor	77
Other Counselors (JVS & VA)	81
Trained DVR Counselors	78
Somewhat Trained DVR Counselors	81
Untrained DVR Counselors	82
RCE's	28**

Table 16 supports the notion that RCE's did not judge CBS vignettes as both "active" and "good" to the extent that DVR personnel or other groups did. However, Trained DVR counselors and Other counselors associate activity and "goodness" as much as Other DVR personnel, including the relatively Untrained DVR counselor.

Summary

A comparison of perceptions held by selected rehabilitation groups toward counseling behavior was conducted. As expected, rehabilitation counselor educators were most different from state agency personnel in rehabilitation. State agency personnel appeared to value active counselor behavior more than educators. However, the predicted similarity between educators and trained counselors in state agencies and in other settings did not materialize. Differences between groups are discussed with respect to possible environmental and group influences. Some implications for communication between groups and training programs for rehabilitation counselors are also presented.

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[a]Correlations are intra-class.

*Decimals have been omitted from correlations.

**Significantly lower (.05 level) than others in table.

APPENDIX E

CRITICAL BEHAVIOR SCALES

Purpose

From this study, we hope to find out how counselors, supervisors of counselors, and others concerned with the work of rehabilitation counselors react to selected critical rehabilitation counseling behaviors. To do this, we are asking you to judge a series of brief incidents. You should keep in mind that in responding to this inventory, we are interested in your judgments of the counselor's behavior as it appears to YOU.

Format of Inventory

On each page of this booklet, you will find two "counselor behaviors" to be judged, and beneath it a set of six scales.

These "behaviors" or "actions" occur in a specific incident which gives them a context or "background."

Sample Incident:

An 18 year old client, with heart disease II-C, was very interested in and motivated towards training and working in a job which was likely to aggravate his physical condition, if not prove fatal. Since the client had had his disability almost from birth, the counselor felt that this revealed chronic resistance towards acceptance of physical limitations and proceeded to directly advise the client of his limitations and why this job was not suitable. The counselor's action here, in his use of advice, was:

Please note that you are being called upon to react to the behavior of a counselor in a specific incident and not to that behavior in a general sense. You are being asked to react to these specific behaviors with the amount of background information given in each incident.

How To Use Scales In Judging Behaviors

If you feel that the behavior or action above the scales is very closely related to one end of the scale, you should place your check-mark as follows:

fair _X_:___:___:___:___:___:___ unfair

or

fair ___:___:___:___:___:___:_X_ unfair

If you feel that the behavior is quite closely related to one or the other end of the scale (but not extremely), you should place your check-mark as follows:

strong ___:_X_:___:___:___:___:___ weak

or

strong ___:___:___:___:___:_X_:___ weak

If the behavior seems only slightly related to one side, as opposed to the other side (but is not really neutral), then you should check as follows:

active ___:___:_X_:___:___:___:___ passive

or

active ___:___:___:___:_X_:___:___ passive

The direction toward which you check, of course, depends upon which of the two ends of the scale seems most characteristic of the behavior you are judging.

If you consider the action to be neutral on the scale, both sides of the scale equally associated with the action, or if the scale is completely irrelevant, then you should place your check-mark in the middle space.

active ___:___:___:_X_:___:___:___ passive

Important

1. Place check-marks in the spaces, not on the boundaries.

```
                                X
___:___:_X_:___:___:___:___
      this      not this
```

2. Be sure you check every scale for every behavior - do not omit any.

3. Never put more than one check-mark on a single scale.

Sometimes you may feel as though you've had the same incident before on the inventory. This will not be the case, so do not look back and forth through the items. Do not try to remember how you checked similar behaviors earlier, since they all appear in a specific incident or context. Make each item a separate and independent judgment. Work at fairly high speed through this inventory. Do not worry or puzzle over individual incidents. On the other hand, please do not be careless, because we want your true impressions.

We have tried to select scales which use adjectives familiar to most people. When you are judging an action against these scales, please rely on your own definition of "these terms." It may help you to know that there is no "correct" way to respond to this inventory; we primarily want to know how you view each incident.

We shall handle individual replies to this inventory with the strictest confidence. To help ensure the confidentiality of your reply, please staple together all the pages of this booklet at the bottom in each corner when you have finished.

We are grateful for your help in making this study possible.

A 23 year old woman client, with severe muscular dystrophy affecting back, face and extremities, had written her congressman that the counselor of the rehabilitation agency was "not interested nor cooperative" in helping her. When the counselor received a copy of her letter, and the reply from the congressman, State Director of Education, and Director of Vocational Rehabilitation, he went out to visit her at her home. The counselor reminded the client of training given in sewing and the opportunity for employment. He also let her know he had her letter and the reply from the congressman. The client insisted that the counselor send her to business school, and stated that she would go to business school on her own if she could somehow borrow the money. The counselor told the client that her scores on certain tests, plus the fact of her low grades in high school and, also, marginal physical ability, were such that he could not aid her in this type of training.

The counselor's action here, in handling a client who was not happy with the service she was receiving, was:

beneficial ____:____:____:____:____:____:____ harmful

fortunate ____:____:____:____:____:____:____ unfortunate

weak ____:____:____:____:____:____:____ strong

untimely ____:____:____:____:____:____:____ timely

passive ____:____:____:____:____:____:____ active

domineering ____:____:____:____:____:____:____ lax

The counselor, after working with a client for ten interviews, felt the situation had developed to a point where something quite directive should be tried. The client, who lived with his parents, was a 20 year old man afflicted with polio and in a wheelchair. The client was interested in "everything" but could not be pinned down to "anything." The counselor stated he felt the client should try such and such a job, and told the client why this was his opinion. The counselor then asked the client if he could think of anything better at this point, and the client said, "No, this sounds fine."

The counselor's action here, in advising the client toward a more specific goal, was:

untimely ____:____:____:____:____:____:____ timely

strong ____:____:____:____:____:____:____ weak

successful ____:____:____:____:____:____:____ unsuccessful

beneficial ____:____:____:____:____:____:____ harmful

lax ____:____:____:____:____:____:____ domineering

passive ____:____:____:____:____:____:____ active

An 18 year old man came to the rehabilitation office a few days before the college term began, stating he wished to attend the college and desired help. Medical reports revealed him eligible, and his application was processed quickly because of the lack of time. Testing was done to determine abilities. The client's abilities seemed suitable except for his math ability. The client wanted to pursue electrical engineering, but the counselor felt his math ability was too low and advised against it. The client, however, insisted on his objective, and the counselor consented.

The counselor's action here, in consenting to the client's wishes, was:

harmful _____:_____:_____:_____:_____:_____:_____ beneficial

active _____:_____:_____:_____:_____:_____:_____ passive

lax _____:_____:_____:_____:_____:_____:_____ domineering

timely _____:_____:_____:_____:_____:_____:_____ untimely

unfortunate _____:_____:_____:_____:_____:_____:_____ fortunate

strong _____:_____:_____:_____:_____:_____:_____ weak

An 18 year old woman client, somewhat hypertensive, was referred by a psychiatrist for vocational counseling. She seemed somewhat resigned to a life of dependency upon her parents, but as counseling progressed, the client began a series of inquiring statements such as, "You mean I can get practical nurse's training in a hospital?", etc. The counselor strove to answer these statements directly by interpreting information about herself, jobs, and the prognosis of the psychiatrist to the client. The counselor had administered quite a few tests to the client to help determine vocational potential, and he called upon these results in his interpretations.

The counselor's action here, in his use of information, was:

timely _____:_____:_____:_____:_____:_____:_____ untimely

weak _____:_____:_____:_____:_____:_____:_____ strong

successful _____:_____:_____:_____:_____:_____:_____ unsuccessful

harmful _____:_____:_____:_____:_____:_____:_____ beneficial

vigorous _____:_____:_____:_____:_____:_____:_____ feeble

passive _____:_____:_____:_____:_____:_____:_____ active

The counselor called, on an initial contact, at the home of a 52 year old woman who had applied for her disability freeze and had been referred by the Social Security Board for possible service. He was calling upon the woman to explain the services of his rehabilitation agency. When the woman opened the door, he introduced himself and began to explain the services of DVR. After about 30 seconds, the applicant stated, "I am disabled to the point that I can't do my own housework. The doctors can't help me any, and I don't see what you can do for me." With that, she indicated that the interview was over. The counselor thanked her and left.

The counselor's action here, in accepting the client's reaction as final, was:

untimely _____:_____:_____:_____:_____:_____:_____ timely

active _____:_____:_____:_____:_____:_____:_____ passive

feeble _____:_____:_____:_____:_____:_____:_____ vigorous

sufficient _____:_____:_____:_____:_____:_____:_____ insufficient

unfortunate _____:_____:_____:_____:_____:_____:_____ fortunate

strong _____:_____:_____:_____:_____:_____:_____ weak

A 48 year old man with "heart trouble" was referred for service through a letter from a friend, who had become acquainted with DVR from a newspaper article. A letter was sent to the client, subsequently, requesting that he come in to apply if interested. The client came in, very irritated at the agency in general, and demanded to know who submitted his name. The client was very willing to talk, however, and began by stating that the Vocational Rehabilitation Agency was another agency that could be dispensed with. The client further stated that he had an insurance policy that paid him $500 a month for total disability and, if he were rehabilitated, he would lose this money. The counselor, without defending his agency, without offering advice, concentrated on allowing the client to talk freely and on giving the client the understanding that he, the counselor, could understand the client's problems.

The counselor's action here, in his handling of the client's remarks, was:

fortunate _____:_____:_____:_____:_____:_____:_____ unfortunate

strong _____:_____:_____:_____:_____:_____:_____ weak

harmful _____:_____:_____:_____:_____:_____:_____ beneficial

passive _____:_____:_____:_____:_____:_____:_____ active

lenient _____:_____:_____:_____:_____:_____:_____ severe

timely _____:_____:_____:_____:_____:_____:_____ untimely

A 41 year old male client came to the DVR office when he had completed half his bookkeeping course at a local business college. He had progressive Charcot Marie Atrophy (with increasing lack of motor coordination). He asked DVR to help in completion of the course. The agency contacted the school and got a letter from them as to his demonstrated ability in bookkeeping. The counselor also got a form completed concerning physical capacity from a physician. On the basis of these reports, the client was given aid to continue his bookkeeping training.

The counselor's action here, in helping this man to finish schooling on the basis of these reports, was:

timely _____:_____:_____:_____:_____:_____:_____ untimely

successful _____:_____:_____:_____:_____:_____:_____ unsuccessful

weak _____:_____:_____:_____:_____:_____:_____ strong

harmful _____:_____:_____:_____:_____:_____:_____ beneficial

passive _____:_____:_____:_____:_____:_____:_____ active

vigorous _____:_____:_____:_____:_____:_____:_____ feeble

A 19 year old girl, diagnosed as simple schizophrenia, was referred to a rehabilitation agency by a social worker of a guidance center for youths. The social worker requested that the counselor consider the financing of a program of training which the client had already chosen. The center's evaluation indicated she could probably succeed in this. When the client arrived, the counselor informed her of how his agency could provide the necessary financing, which pleased the client very much. The counselor, because of the center's evaluation, did not feel it was necessary to go into all the goals and services of his agency, but rather proceeded to administer brief tests to check on the center's evaluation before starting training.

The counselor's action here, in orienting the client to his agency, was:

successful _____:_____:_____:_____:_____:_____:_____ unsuccessful

weak _____:_____:_____:_____:_____:_____:_____ strong

timely _____:_____:_____:_____:_____:_____:_____ untimely

passive _____:_____:_____:_____:_____:_____:_____ active

domineering _____:_____:_____:_____:_____:_____:_____ lax

negative _____:_____:_____:_____:_____:_____:_____ positive

A 33 year old woman client, diagnosed as having schizophrenic reaction, with homosexual behavior, was in training as a commercial artist. One day, the school called the counselor to state the client had made an overt homosexual advance in a note to one of the instructors, and they were discontinuing training at once. When the counselor called on the client, she was very upset at being exposed, both to the counselor and to the school. The counselor emphasized that he was not judging her behavior, only trying to make her see the consequences of it. He stated he would ask the school to take her back, on a kind of probationary period. He encouraged her to talk to him about the problem as it affected her training, and had no opinion as to the "right and wrong" of the situation.

The counselor's action here, in emphasizing he was not judging her behavior, only trying to make her see the consequences of it, was:

untimely _____:_____:_____:_____:_____:_____:_____ timely

active _____:_____:_____:_____:_____:_____:_____ passive

severe _____:_____:_____:_____:_____:_____:_____ lenient

positive _____:_____:_____:_____:_____:_____:_____ negative

unsuccessful _____:_____:_____:_____:_____:_____:_____ successful

weak _____:_____:_____:_____:_____:_____:_____ strong

A 40 year old woman client, with an inactive tubercular condition, came to the counselor's office for an initial interview. He had never seen her before. She was in tears as she related that she had to give up her previous job in a laundry due to steam, heat, and hard physical labor. She had a disabled husband, three small children, and the family was behind in rent. They also had "no groceries in the house." The counselor, together with the client, was able to get the Salvation Army to agree to furnish grocery money, the landlord to wait on the rent, and he found a lighter job for the client, sorting clothes.

The counselor's action here, in contacting the Salvation Army, the client's landlord, and locating a job for the client, was:

untimely _____:_____:_____:_____:_____:_____:_____ timely

feeble _____:_____:_____:_____:_____:_____:_____ vigorous

active _____:_____:_____:_____:_____:_____:_____ passive

positive _____:_____:_____:_____:_____:_____:_____ negative

domineering _____:_____:_____:_____:_____:_____:_____ lax

unsuccessful _____:_____:_____:_____:_____:_____:_____ successful

An intellectually able 18 year old young woman - with anemia - proposed becoming a high school teacher. She had won a four-year scholarship to college. The counselor felt that his responsibility in this case required that college teaching or another high-level objective should be sought to fully utilize the girl's potential. The counselor believed that he and the client were relating quite well in their sessions, and so began to advise her of his idea by introducing it in a direct way.

The counselor's action here, in meeting what he felt was his responsibility, was:

untimely _____:_____:_____:_____:_____:_____:_____ timely

active _____:_____:_____:_____:_____:_____:_____ passive

lenient _____:_____:_____:_____:_____:_____:_____ severe

positive _____:_____:_____:_____:_____:_____:_____ negative

unsuccessful _____:_____:_____:_____:_____:_____:_____ successful

strong _____:_____:_____:_____:_____:_____:_____ weak

A counselor called at the home of an OASI referral on the initial contact with that client. The client, a 56 year old man with heart trouble, began to relate a long list of disabilities, including arthritis, in an apparent attempt to not qualify for the rehabilitation services. The counselor, during the course of the interview, tried to explain to the man that an examination by a heart specialist would be necessary. The client insisted the local M.D. would do as well, and the counselor told him finally that it would be absolutely necessary for him to be examined by a heart specialist if he were to receive service.

The counselor's action here, in informing the client that it would be necessary to be examined by a specialist, was:

strong _____:_____:_____:_____:_____:_____:_____ weak

untimely _____:_____:_____:_____:_____:_____:_____ timely

active _____:_____:_____:_____:_____:_____:_____ passive

lenient _____:_____:_____:_____:_____:_____:_____ severe

positive _____:_____:_____:_____:_____:_____:_____ negative

unsuccessful _____:_____:_____:_____:_____:_____:_____ successful

The counselor, after several interviews with a 16 year old young woman, who was deaf and apparently emotionally disturbed, and after studying her case history, refused to make any recommendations for a rehabilitation program. He believed she would not profit from one. The girl had a long history of low moral standards, and had been dismissed from the school for the deaf after presenting many social problems. She was known to the police departments of several cities and, from her actions since the case began, showed no signs of changing. Wechsler Bellevue test indicated an I.Q. of 74. The girl's mother contacted the state supervisor of rehabilitation and, subsequently, the case was reviewed by a consultant psychiatrist. The psychiatrist recommended a diagnostic period in the psychosomatic ward of a private mental hospital. The counselor still refused to authorize the continuation of a rehabilitation work-up, believing it would serve no useful purpose. He was, however, prevailed upon by supervisors to change his mind and authorize further diagnostic services, as recommended by the psychiatrist.

The counselor's action here, in changing his mind about further "work-up", was:

harmful _____:_____:_____:_____:_____:_____:_____ beneficial

fortunate _____:_____:_____:_____:_____:_____:_____ unfortunate

soft _____:_____:_____:_____:_____:_____:_____ hard

good _____:_____:_____:_____:_____:_____:_____ bad

passive _____:_____:_____:_____:_____:_____:_____ active

strong _____:_____:_____:_____:_____:_____:_____ weak

A counselor was working with a 19 year old blind man, who had become totally blind not too long before and still held to the hope of seeing again. The client had not faced his handicap, and planned to go to the best eye specialist in a large city to have his sight restored. The counselor had approached the client about going to the center for the blind for training, but the client refused. The client was also unconvinced that blind people could ever do anything. The counselor, after perceiving the client's reaction, then encouraged him to see the eye specialist, in hopes this would help him toward accepting his handicap.

The counselor's action here, in encouraging the client to see the eye specialist, was:

domineering _____:_____:_____:_____:_____:_____:_____ lax

successful _____:_____:_____:_____:_____:_____:_____ unsuccessful

timely _____:_____:_____:_____:_____:_____:_____ untimely

feeble _____:_____:_____:_____:_____:_____:_____ vigorous

passive _____:_____:_____:_____:_____:_____:_____ active

negative _____:_____:_____:_____:_____:_____:_____ positive

A counselor called upon a 19 year old woman who was receiving physical therapy at a rehabilitation institute. She was a post-polio, both legs affected, who was ambulant with crutches. This was the counselor's first interview with the client, although she had been seen once before by another counselor and had indicated her desire for training in a business college. In this interview, the client said she had been doing considerable thinking about attending state college instead of business school. She wanted to know if DVR could help with expenses, stating that she had always wanted to go to college but couldn't afford it. The counselor accepted the change in her plans and proceeded to explain to her that DVR could help with expenses. He also explained that some testing would have to be done, and a high school transcript would be necessary in "working-up" an objective. He encouraged her to investigate the college situation, including a continued P.T. program, living conditions, etc.

<u>The counselor's action here, in accepting the client's change in plans, was</u>:

strong _____:_____:_____:_____:_____:_____:_____ weak

active _____:_____:_____:_____:_____:_____:_____ passive

timely _____:_____:_____:_____:_____:_____:_____ untimely

soft _____:_____:_____:_____:_____:_____:_____ hard

unsuccessful _____:_____:_____:_____:_____:_____:_____ successful

negative _____:_____:_____:_____:_____:_____:_____ positive

A 39 year old former male client, with 100% loss of vision in his right eye and 98% loss in the left, had somehow managed to do an effective job of sweeping in the weaving room of a cotton mill for 13 years without a loss time accident. A change in supervision made him feel insecure and upset. The client contacted DVR for help. He was "positive" he would lose his job. The counselor, after talking to the man, determined that the client had a good farm background as well, and the client was counseled to begin making arrangements to move back to the farm before he lost his job.

<u>The counselor's action here, in counseling the man to begin making arrangements to move back to the farm before he lost his job, was</u>:

impulsive _____:_____:_____:_____:_____:_____:_____ deliberate

domineering _____:_____:_____:_____:_____:_____:_____ lax

timely _____:_____:_____:_____:_____:_____:_____ untimely

successful _____:_____:_____:_____:_____:_____:_____ unsuccessful

weak _____:_____:_____:_____:_____:_____:_____ strong

negative _____:_____:_____:_____:_____:_____:_____ positive

A 34 year old male client, with severe body deformities, a hunchback and of dwarf stature, wanted to train for work which the counselor knew he could not do because of his personal appearance, social attitudes, and low educational level. After getting thoroughly acquainted with the client, and developing some rapport by letting the client carry most of the discussion, the counselor influenced him to accept his limitations by telling him what the job he wanted would require. He convinced the client - mainly through advising - that under present conditions he could not hope to be employed in this field.

The counselor's action here, in handling the client's unrealistic choice, was:

timely _____:_____:_____:_____:_____:_____:_____ untimely

unfortunate _____:_____:_____:_____:_____:_____:_____ fortunate

domineering _____:_____:_____:_____:_____:_____:_____ lax

negative _____:_____:_____:_____:_____:_____:_____ positive

active _____:_____:_____:_____:_____:_____:_____ passive

lenient _____:_____:_____:_____:_____:_____:_____ severe

A 42 year old male client, with a condition of silicosis, applied for service and expressed an interest in specific vocational training. After acceptance, he was given a battery of tests which indicated he had the ability to master this vocation in which he had expressed an interest. On the basis of these test findings, the counselor approved the plan for training and set up a program for the client.

The counselor's action here, in working out a program for this client, was:

strong _____:_____:_____:_____:_____:_____:_____ weak

beneficial _____:_____:_____:_____:_____:_____:_____ harmful

unsuccessful _____:_____:_____:_____:_____:_____:_____ successful

feeble _____:_____:_____:_____:_____:_____:_____ vigorous

active _____:_____:_____:_____:_____:_____:_____ passive

negative _____:_____:_____:_____:_____:_____:_____ positive

Personnel Data Sheet

Name _____ Agency _____

State _____ Position _____ Size of caseload _____

Caseload located: ___ In a rural area (includes small towns below 50,000 pop.)

___ About equally divided between rural and urban (large cities)

___ In an urban area (cities or towns over 50,000 pop.)

Age _____ Sex _____ Marital status _____

Educational level attained: ___ B.A. ___ M.A. ___ Ph.D.

B.A. major _____ M.A. major _____ Ph.D. major _____

Number of years experience in rehabilitation work _____

Previous type of work engaged in _____ Number of years _____

We would like to have you give <u>your impressions of your usual manner with clients</u> by checking the following scales in the same manner as the previous behaviors.

I would describe my usual manner in working with clients as:

strong _____:_____:_____:_____:_____:_____:_____ weak

unintentional _____:_____:_____:_____:_____:_____:_____ intentional

beneficial _____:_____:_____:_____:_____:_____:_____ harmful

lax _____:_____:_____:_____:_____:_____:_____ domineering

deliberate _____:_____:_____:_____:_____:_____:_____ impulsive

incomplete _____:_____:_____:_____:_____:_____:_____ complete

tough _____:_____:_____:_____:_____:_____:_____ fragile

passive _____:_____:_____:_____:_____:_____:_____ active

timely _____:_____:_____:_____:_____:_____:_____ untimely

feeble _____:_____:_____:_____:_____:_____:_____ vigorous

emotional _____:_____:_____:_____:_____:_____:_____ unemotional

pessimistic _____:_____:_____:_____:_____:_____:_____ optimistic

THANKS AGAIN!

Remember to staple the booklet together at the bottom corners.

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